

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington**

To: Advanced Registered Nurse Practitioners
Approved Trauma Facilities
Certified Registered Nurse Anesthetists
Emergency Room Physicians
Managed Care Organizations
Participating Trauma Physicians
Trauma Services Coordinators

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800.562.3022 (option 2)
<http://maa.dshs.wa.gov/contact/prucontact.asp>

From: Douglas Porter, Assistant Secretary
Health and Recovery Services
Administration (HRSA)

Subject: Trauma Payments: Condition Codes to Replace Occurrence Codes in Identifying Hospital Claims Eligible for Supplemental Trauma Payment; Physicians Receive Additional Amounts from SFY 2006 Trauma Care Fund (TCF) Liquidation

Effective with dates of service on and after October 1, 2007, the Health and Recovery Services Administration (HRSA) will use condition codes instead of occurrence codes to identify hospital claims eligible to receive supplemental payments for trauma services provided to fee-for-service Medicaid clients.

The “ST” modifier that identifies physician-related trauma services eligible for enhanced payment is unchanged.

HRSA liquidated the TCF allotment for physician services for SFY 2006. HRSA’s additional payment to physicians who provided qualified trauma services to Medical Assistance clients in SFY 2006 was made in the form of a gross adjustment. The gross adjustment appeared in Remittance Advices on and after August 13, 2007.

What codes will change and why?

HRSA makes supplemental payments from the Trauma Care Fund (TCF) to hospital and clinical providers for qualified trauma cases that meet the criteria set out in WAC 388-550-5450 and WAC 388-531-2000, respectively. For hospital providers, HRSA currently requires the use of occurrence codes to indicate which trauma claims meet the requirements for supplemental payment.

Effective with dates of service on and after October 1, 2007, hospital providers must use **condition codes** instead of occurrence codes on their claims when billing HRSA for trauma cases eligible for supplemental payments from the TCF. HRSA is taking this action because the Centers for Medicare and Medicaid Services (CMS) has designated occurrence codes for federal use only.

What condition codes must hospitals use to identify qualified trauma cases to HRSA?

The old hospital trauma indicators and their replacements are shown in the crosswalk below. Please note that there are seven condition codes replacing the seven occurrence codes. The code descriptions and Injury Severity Score ranges are unchanged.

NEW* Condition Code	CURRENT Occurrence Code	Description
MP	L6	Indicates a pediatric client (through age 14 only) with an Injury Severity Score (ISS) in the range of 9-12
MT	L7	Indicates a transferred client with an ISS that is less than 13 for adults or less than 9 for pediatric clients
MV	L1	Indicates an ISS in the range of 13 to 15
MW	L2	Indicates an ISS in the range of 16 to 24
MX	L3	Indicates an ISS in the range of 25 to 34
MY	L4	Indicates an ISS in the range of 35 to 44
MZ	L5	Indicates an ISS of 45 or greater

* Use for dates of service on and after October 1, 2007.

Where are the condition codes entered on the UB-04 claim form?

Condition codes may be entered in form locator fields 18-28. However, please use form locator field 18 when billing HRSA for an eligible trauma case.

Other News: Liquidation of SFY2006 TCF Allotment for Physicians

HRSA made a commitment to distribute its annual TCF appropriation in full to participating providers. HRSA's TCF allotment for physicians was underspent in SFY 2006. Therefore, HRSA distributed the leftover funds to physicians/clinicians who provided trauma care to fee-for-service Medical Assistance clients in SFY 2006 and billed HRSA for those services. The distribution was based on the amount paid by HRSA to the physician/clinician for his/her trauma services as a percentage of total dollars paid by HRSA to all physicians/clinicians for trauma services.

The additional payment for SFY 2006 was made in the form of a gross adjustment. The Remittance Advice identified this payment with EOB 0355, "Additional payment for trauma services in SFY 2006." The gross adjustments appeared in the Remittance Advices of affected physicians/clinicians on and after August 13, 2007.

How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing the WAMedWeb at <http://wamedweb.acs-inc.com>.

How can I get HRSA's provider documents?

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.